RULE 1469 ONGOING COMPLIANCE STATUS AND EMISSIONS REPORT

(Hexavalent Chromium Emissions from Chrome Plating and Chromic Acid Anodizing Operations)

1. Provide the following information for facilities in which chromium electroplating and/or chromium anodizing operations are performed.

Facility Name:_____ AQMD ID#:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Facility Contact/Title:_____ Phone#:_____

Mailing Address (if different from facility address)

Street Address:_____

City:_____ State:_____ Zip Code:_____

2. State the beginning and ending dates of this reporting period. This report is due annually on February 1st of each calendar year. See Appendix 3, question # 4.

Beginning _____ Ending _____

3. Complete the following table to identify the process, the emission limit and the operating parameter and values that are monitored to assure compliance with the emission limit. See Appendix 3, questions 2, 3 and 5.

EXAMPLE RESPONSE

Tank permit #	*Type of Tank*	*Applicable emission limit*	*Type of control technique and product manufacturer name*	*Control system permit #*	*Operating parameter to demonstrate compliance*	*Acceptable value or range of values for monitoring parameters*	*Total operating time during reporting period*
D99999	*Hard chrome plating*	*0.015 mg/dscm*	*Composite meshpad system*	*D88888*	*Performance test*	*7 in. W.C. +/- 1 in.*	*1040 hrs*
D77777	*Chrome anodizing*	*45 dyes/cm*	*Mist suppressant, Fumetrol 140*	*N/A*	*Surface tension measurement*	*< 45 dynes/cm*	*1040 hrs*
E55555	*Decorative chrome plating*	*0.01 mg/dscm*	*Foam blanket, Chrome Foam*	*N/A*	*Foam blanket thickness*	*> inch*	*1040*

RESPONSE

Tank permit #	Type of Tank	Applicable emission limit	Type of control technique and manufacturer	Control system permit #	Operating parameter monitored to demonstrate compliance	Acceptable value or range of values for monitoring parameters	Total operating time during reporting period

6. For each chrome-plating tank, provide the permit number and the monthly ampere-hours expended during this reporting period. See Appendix 3, question 6.

EXAMPLE RESPONSE

Tank permit #	*F11111*	*P22222*			
January	*0*	*250,000*			
February	*4,000*	*200,000*			
March	*1,000*	*170,000*			
April	*2,000*	*350,000*			
May	*3,000*	*150,000*			
June	*4,000*	*200,000*			
July	*0*	*250,000*			
August	*5,000*	*270,000*			
September	*6,000*	*300,000*			
October	*7,000*	*310,000*			
November	*4,000*	*290,000*			
December	*3,000*	*240,000*			
TOTALS	*39,000*	*2,980,000*			

RESPONSE

Tank permit #					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTALS					

7. Update the facility-wide emissions established by section (d)(4), if applicable. See Appendix 3, question 7 and Appendix 7.

EXAMPLE RESPONSE

Annual Emission Thresholds for Facilities Located More than 25 Meters from a Sensitive Receptor or a Residence		
Operating Scenario	*Regular Operating Schedule*	*Annual Emission Threshold*
Vented to Air Pollution Control Equipment	*More than 12 hours per day*	*lbs/yr*
Vented to Air Pollution Control Equipment	*12 hours per day or less*	*0.065 lbs/yr*
Not Vented to Air Pollution Control Equipment	*Any*	*lbs/yr*

RESPONSE

Annual Emission Thresholds for Facilities Located More than 25 Meters from a Sensitive Receptor or a Residence		
Operating Scenario	Regular Operating Schedule	Annual Emission Threshold
Vented to Air Pollution Control Equipment	More than 12 hours per day	lbs/yr
Vented to Air Pollution Control Equipment	12 hours per day or less	lbs/yr
Not Vented to Air Pollution Control Equipment	Any	lbs/yr

8. Provide the total hevavalent and trivalent chromium throughput data in pounds per year for the reporting period. See Appendix 3, question 8.

EXAMPLE RESPONSE: 20 pounds of chromic acid flakes consumed in calendar year 2003.

RESPONSE:

9. Provide the type, name and address of the nearest residence within 25 meters and each sensitive receptor located within ¼ mile from the center of the facility. See Appendix 3, question 9.

EXAMPLE RESPONSE

Receptor Type	*Receptor Name*	*Receptor Address*
Hospital	*Queen of Angels*	*111 E 1st St , LA*
Daycare	*Gentle Daycare*	*243 W 2nd St, LA*
School	*Fremont HS*	*123 N Gain Ln, LA*
Convalescent home	*You Olde & Goodie*	*321 S Old Rd, LA*
Residence	*Perez family*	*110 E 1st St, LA*
School	*Pearson Elementary*	*567 Maple Ave, LA*
Hospital	*Saint Joseph*	*765 Maple Ave, LA*

RESPONSE

Receptor Type	Receptor Name	Receptor Address

Indicate the facility maximum operating schedule

[ ] more than 12 hours per day
[ ] less than 12 hours per day
[ ] equal to 12 hours per day

10. Attach all monitoring records required by paragraph (j)(6) and summarize the cause and duration of excess emissions episodes in hours as identified in these records. See Appendix 3, question 10.

EXAMPLE RESPONSE

Cause of excess emission	*Hours*	*Percent of total operating time*
Process upsets	*16*	*0.8*
APC malfunction	*24*	*1.2*
Unknown cause	*32*	*1.6*
Other (describe)	*40*	*2*
Total duration of excess emission	*112*	*5.6*

RESPONSE

Cause of excess emission	Hours	Percent of total operating time
Process upsets		
APC malfunction		
Unknown cause		
Other (describe)		
Total duration of excess emission		

11. Check the applicable box to certify that during this reporting period the facility followed the inspection and maintenance requirements in subdivision (h) in accordance with the facility operation and maintenance plan. See Appendix 3, question 11.

[] YES
[] NO

12. If the answer is NO for question 11, provide:
The reason(s) for not following the operation and maintenance provisions,
An assessment of whether any emissions limits and/or monitoring parameters were exceeded,
The records documenting the operation and maintenance plan that was followed.
See Appendix 3, question 12.

_____
_____
_____
_____
_____
_____

13. Describe any changes in monitoring, processes, or controls since the last reporting period. See Appendix 3, question 13.

_____
_____
_____
_____
_____
_____

14. Responsible Official Certification Statement. See Appendix 3, questions 14 and 15.

[] I certify that an Operation and Maintenance Plan for the add-on control equipment has been completed (if applicable) and the plan and other work practice standards of Rule 1469 are being followed.

[] I also certify that the information contained in this report to be accurate and true to the best of my knowledge.

Print or type the name of the title of the Responsible Official for the plant:

_____ _____
(Name) (Title)

_____ _____
(Signature of Responsible Official) (Date)

A Responsible Official can be:

- The president, vice-president, secretary, or treasure of the company that owns the plant;
- The owner of the plant or the plant engineer or supervisor;
- A government official if the plant is owned by the Federal, State, City or County government; or
- A ranking military officer if the plant is located on a military base.

By February 1 of each calendar year mail this completed report to:

SCAQMD
Toxics and Waste Management Team
Compliance Section – R1469 OCSR
21865 Copley Drive
Diamond Bar CA 91765